Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY  TYPE  OR			OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA		FEE	1	RATE	FEE
BASIC FEE		Ball's				RATE		OR		690.00
то	TAL CLAIMS	48	minus 2	0= * 28		X\$ 9=		OR	X\$18=	504
INDEPENDENT CLAIMS 2 minus 3 = 1					X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1194
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	=	X\$ 9=	•	OR	X\$18=	
AME	Independent	*	Minus	*** ENDENT CLAIM	=	X39=		OR	X78=	
	PINST PHESE	TATION OF MC	LIIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
				•		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)			- •		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	шороновн	*	Minus	*** ENDENT CLAIM	=	X39=		OR	~ X78=	
-	FIRST PRESE	VIATION OF MIC	JETIFLE DEF	ENDENT CEAN	<u></u>	+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
٠.		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	PENDENT CLAIM	=	X39=		OR	X78=	,
H	FINOT PRESE	NIATION OF MI	JEHFLE DER	LINDLINI CLAIM		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								OR	TOTAL	<u> </u>
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

<b>APPLICATION NUMBER:</b>	

Total Fee Calculation									
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee		<u>Total</u>	
	Sm./Lg.				Sm. Entity	Lg. Entity			
Basic Filing Fee	201/101	: <i>1</i>			345	690	=	690	
Total Claims >20	203/103	<u>U8</u> -20 =	28	x	9	18	=	504	
Independent Claims >3	202/102	<u></u>	:	x	39	78	=	<u> </u>	
Mult. Dep Claim Present	204/104				130	260	=		
Surcharge	205/105				65	130	±	130	
English Translation	139								
TOTAL FEE CALCULA	ATION							1324	
Fees due upon filing the application:									
Total Filing Fees Due	= \$	1324		-					
Less Filing Fees Subn	nitted - \$			<del></del>					
BALANCE DUE = \$									

Office of Initial Patent Examination

FORM OIPE-RAM-01 (Rev. 12/97)